

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 06 1998 8:00am  
Secretary of State

DOCUMENT # N51220 (4)  
Corporation Name  
PARTIDO SOCIAL REVOLUCIONARIO DEMOCRATICO INC.

Principal Place of Business Mailing Address  
920 NW 24TH COURT P.O. BOX 351081  
MIAMI FL 33125 MIAMI FL 33135  
US US

3. Date Incorporated or Qualified  
10/05/1992  
4. FEI Number 65-036-4551  
APPLIED FOR

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Country  
24 Zip 29 Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees  
7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No  
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SIMEON, ROBERTO  
920 NW 24TH CT  
MIAMI FL 33125

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Roberto Simeon DATE 4/15/98  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

| TITLE | NAME              | STREET ADDRESS      | CITY-ST-ZIP | DELETE                   |
|-------|-------------------|---------------------|-------------|--------------------------|
| D     | FERNANDEZ, MANUEL | 1654 N.W. 35 STREET | MIAMI FL    | <input type="checkbox"/> |
| D     | SIMEON, ROBERTO   | 922 N.W. 24 COURT   | MIAMI FL    | <input type="checkbox"/> |
| D     | VALLIS, JORGE     | 9785 SW 123 TERR    | MIAMI FL    | <input type="checkbox"/> |
|       |                   |                     |             | <input type="checkbox"/> |
|       |                   |                     |             | <input type="checkbox"/> |
|       |                   |                     |             | <input type="checkbox"/> |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| TITLE | NAME             | STREET ADDRESS   | CITY-ST-ZIP      | DELETE                   |
|-------|------------------|------------------|------------------|--------------------------|
| D     | Jorge A. C. 0503 | 10340 SW 93 ST   | MIAMI - FL 33165 | <input type="checkbox"/> |
| D     | Roberto Simeon   | 920 NW 24 CT     | MIAMI - FL 33125 | <input type="checkbox"/> |
| D     | Jorge Vallis     | 9785 SW 123 Terr | MIAMI - FL       | <input type="checkbox"/> |
|       |                  |                  |                  | <input type="checkbox"/> |
|       |                  |                  |                  | <input type="checkbox"/> |
|       |                  |                  |                  | <input type="checkbox"/> |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Roberto Simeon DATE 4/15/98 DAYTIME PHONE # 305 541-2334  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/97)